



UPPER DUBLIN CITIZEN EMERGENCY FUND

*A 501(c)(3) charitable, non-profit organization
entirely funded by private donations.*

Issued: _____
Date Rec'd _____
By: mail drop email
Rec'd by: _____
Responses: A B C D

DISCLOSURES and ATTESTATION FORM

PLEASE COMPLETE ALL FOUR SECTIONS, SIGN and DATE, then RETURN THIS FORM to UPPER DUBLIN TOWNSHIP with the APPLICATION and WRITTEN STATEMENT from your INSURANCE COMPANY. ALL INFORMATION OBTAINED FOR THE PURPOSE OF APPLICATION REVIEW IS KEPT CONFIDENTIAL.

A. DISCLOSURE FROM YOUR INSURANCE COMPANY

A written statement from your insurance company is a required submission with this application. The statement must clearly indicate (a) you/your address are the company's insured and (b) the purpose(s) for which UDCEF assistance is being requested is/are not covered by your insurance policy.

B. DISCLOSURE of NUMBER OF HOUSEHOLD MEMBERS living at this address on 9/1/2021

___ (enter #, including yourself) ___ # of Adults (18+) ___ # of Children

C. DISCLOSURE of HOUSEHOLD INCOME

A required part of the submission is an indication of **Pre-COVID Gross Household Income (February 2020)**. This information may be one factor considered to prioritize application review, in the event that the number of applications exceeds the amount available in the UDCEF.

Please select one.

- ___ Under \$50,000
- ___ \$50,001-\$80,000
- ___ \$80,001-\$110,000
- ___ \$110,001-\$150,000
- ___ Over \$150,000

D. ATTESTATION

The undersigned attests the purpose(s) for which assistance through the Upper Dublin Citizen Emergency Fund has been requested is/are not eligible for any form of insurance coverage or other form of reimbursement.

The undersigned further agrees that they will not profit from this assistance and any unused UDCEF distribution will be returned to the Upper Dublin Citizen Emergency Fund within ninety (90) days.

Applicant Full Name: _____

Property Address: _____

Applicant Signature: _____ Date: _____

Typing your full name above is an equivalent to your signature.

Witness Signature: _____ Date: _____

Typing your full name above is an equivalent to your signature.